## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

H	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0003	7	Grant Elem		01	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory or your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agi Further, the same c addition, similar type	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distriction Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
·			811 E Orr		
Printed Name of A	uthorized Official		City	Z	ip Code
			Dillon	5	9725
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
		Ì	Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

_ н	elena, MT 59620-2501		Due May 01,	2000	
Legal Entity #	School Dist. #	School Name		County	Level
0005	10	Dillon Elem		01	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory or an arms.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted her	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which the lowable costs have	hey apply a e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have bee s of costs have be	they are allow In treated as I en account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address of	or P.O. Box	
•			225 East Reeder		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Dillon	5	9725
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

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## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	Helena, MT 59620-2501		Due May of	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0007	11	Wise River Elem		01	EL
Proposed Restric	cted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electory or the contract.				
This is to certify the knowledge and bel	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem des for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which tallowable costs have	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with a have not been clair	ed in the proposal are p between the expenses oplicable requirements. med as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have been of costs have be	they are allower treated as seen accounted	ocated in s indirect costs ed for consistently
	oregoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			School House Ro		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Wise River	5	9762
Title			Date		
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO		ENDENT OF PUBI	LIC INSTRU	CTION BY:
Aŗ	oproved Rate for FY20	06	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	elena, MT 59620-2501		Duc May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0009	12	Lima K-12 Schools		01	K12
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory or an arms.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agi Further, the same c addition, similar type	eements to which osts that have been soft costs have been soft costs have been soft costs have been soft costs have been soft costs.	they are allow treated as een account	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			PO Box 186		
Printed Name of A	uthorized Official		City	Z	ip Code
			Lima	5	9739
Title			Date	1	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
		ł	Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	lelena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0010	16	Wisdom Elem		01	EL
Proposed Restric	ted Indirect Cost Rate	e% (	Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electure oval of your rate.	. ,			•
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Unal	ward(s) to which t lowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses pplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same co addition, similar type	eements to which osts that have bee s of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			19200 Hwy 278		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Dillon	5	59725
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	elena, MT 59620-2501		Due May 31	, 2005	
Legal Entity #	School Dist. #	School Name		County	Level
0012	21	Polaris Elem		01	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory or contract the submitted for the electory or contract.				-
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
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	regoing is true and cor		0		
Signature of Distri	ct Superintendent or	Board	Street Address	or P.O. Box	
•			19200 Hwy 278		
Printed Name of A	uthorized Official		City	Z	Cip Code
			Dillon	5	9725
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

H	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0014	24	Jackson Elem		01	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory or an arms.				
This is to certify that knowledge and believed	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri- Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
·			19200 Hwy 278		
Printed Name of A	uthorized Official		City	Z	ip Code
			Dillon	5	9725
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ap	proved Rate for FY20	06	Date Approved		
			Signature		

# Office of Public Instruction Linda McCulloch, Superintendent

## **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

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redth (X.XX%) of a percent.)
ct Cost Rate. A separate
of this certification will be
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eriods indicated above are apply and OMB Circular een adjusted in allocating A.
basis of a beneficial or y are allocated in eated as indirect costs accounted for consistently
ould affect the
P.O. Box
P.O. Box
Zip Code
Zip Code
Zip Code
Zip Code 59732
eriods indicated above apply and OMB Circu een adjusted in allocat A.  basis of a beneficial or are allocated in reated as indirect costs accounted for consister